

**KENTUCKY OFFICE OF INSURANCE**

**APPLICATION FOR RENEWAL OF LICENSE AS AN  
INSURANCE PREMIUM FINANCE COMPANY**

To the Executive Director, Office of Insurance:

Application is hereby made for renewal of a license to operate an insurance premium finance company.

**NAME of COMPANY** \_\_\_\_\_

**ADDRESS (as it appears on current license)** \_\_\_\_\_

This is a renewal of License Number \_\_\_\_\_ for the year \_\_\_\_\_.  
Since the filing of the application for the original license or since the renewal of the license, the following changes have taken place in regard to information furnished in response to the questions set out in Form PF-1:

1. Company name    Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)
2. Address                Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)
3. Type of Company    Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)
4. Any changes to Articles of Incorporation, articles of association for a partnership, limited partnership, organic document for formation of other firm?  
  
   Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)
5. Has the applicant engaged previously in the same or similar business?  
  
   Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)
6. Any change in control of Company?  
  
   Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)
7. If a partnership, any changes made?  
  
   Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)
8. If a corporation, any changes in shares of stock – authorized, outstanding, par value?  
Any one person own 10% or more?  
  
   Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)
9. Attach current, certified financial statement (PF-4)  
  
   Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)

10. Other types of business conducted at same address

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)

11. More than one place of business

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)

12. Has the company or any officer or director received a rejection, revocation or suspension of license from this State or any other state; been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a State or Federal offense in this or any other state; been found by the Executive Director of the Office of Insurance to have violated any of the provisions of the Kentucky Insurance Code or Regulations; been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship? (Omit minor traffic offenses)

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach exhibit)

### VERIFICATION

COUNTY \_\_\_\_\_

STATE \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, being the  
\_\_\_\_\_ of the \_\_\_\_\_

\_\_\_\_\_(Name of Company) swear, or (or affirm)  
subject to the penalties of perjury, that to the best of my knowledge and belief, the  
statements contained in this application, including the accompanying statements, if any,  
are true and complete.

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission expires  
\_\_\_\_\_